Infinity Dental
8940 W. Tropicana Ave
Las Vegas, NV. 89147
702-248-4448

Denture Consent:

Patient Name: _____ Date: _____

Denture Teeth #'s: _____ Shade: _____

[ ] Full Denture [ ]Partial Denture [ ] Immediate Denture

It has been explained to me that there are certain factors which can limit the success of a denture which include, but are not limited to:

- The amount of ridge remaining in the upper and/or lower jaw.
- The amount of flabby, excessive gum tissue.
- The amount of overbite/underbite of the upper and lower ridges.
- The amount of localized bone loss resulting in dips and bumps in the ridges.
- Presence and size of bone spurs (or tori).
- Depth of the palate.
- Inability of the patient to control his/her gag reflex.
- Age, physical and psychological conditions.
- Allergy to denture material.

I understand that there can be no guarantee that the proposed treatment/procedure will be successful to my complete satisfaction. I further understand that due to bone loss, lack of alveolar ridge support, muscle attachments and/or other complicating factors I may never be able to wear my denture to my satisfaction. Due to individual patient differences there exists a possibility of the following risks:

- Inability to remove overbites/underbites.
- Thickened or sunken lips.
- Inability to obtain a suction, seal, or tightness of the partial or denture
- Sore spots that might require numerous adjustment or overall lack of tolerance.
- Inability of the patient to control gagging while wearing the partial or denture.
- Fracture/breakage of the plate.
- Tongue/cheek biting.
- Changing in speech, such as lisping.
- Inability to match natural teeth or teeth of a previous denture

I further understand that dentures (especially immediate dentures) require adjustments and relining approximately 3-6 months following placement. I have been informed of my financial responsibility and understand that the fees paid for my denture include the following:

- 4 adjustments in a 2 month period- additional adjustments after that will have a cost of $70.00 per visit.

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- 1 soft reline. If a hard reline is required I am responsible for the cost.

Aesthetics or Appearance: I have been given the opportunity to suggest (and have discussed) my expectations for the appearance and aesthetics of my denture. I have chosen and agreed to the shade listed above. I understand that after the "Try in with Teeth" I CANNOT make changes to the aesthetics/appearance, and if I chose to require changes after this date I am responsible for the costs associated. I understand I will be given the opportunity to observe the appearance of the denture before the delivery at the "try-in with teeth" visit.

Please express any concerns/suggestions you have for the look, shape, shade or feel of your permanent crown/bridge here: _____

_____

_____

_____

X_____ Date: _____

Patient Signature

Consent for Process to Finish:
I have been given the opportunity to observe the appearance of the final denture prior to cementation. By signing below I approve the look, shape, shade, fit and feel of my permanent denture and agree to process the final denture**.**

X_____ Date: _____

Patient Signature (For Process to Finish)

Employee/Assistant Initials: _____